


**AMENDMENT TRANSMITTAL LETTER**

Docket No.  
**59408 (49321)**

Application No.  
**10/600,850-Conf. #6007**

Filing Date  
**June 20, 2003**

Examiner  
**Pham, Hai Chi**

Art Unit  
**2861**

Applicant(s): **Ayumu Oda et al.**

Invention: **METHOD AND DEVICE FOR FOCUS ADJUSTMENT OF OPTICAL WRITING UNIT AND IMAGE FORMING APPARATUS INCORPORATING THE FOCUS ADJUSTMENT DEVICE**
**TO THE COMMISSIONER FOR PATENTS**

Transmitted herewith is an amendment in the above-identified application.

The fee has been calculated and is transmitted as shown below.

CLAIMS AS AMENDED					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
<b>Total Claims</b>	<b>19</b>	<b>- 20 =</b>		<b>x</b>	
<b>Independent Claims</b>	<b>3</b>	<b>- 3 =</b>		<b>x</b>	
<b>Multiple Dependent Claims (check if applicable)</b> <input type="checkbox"/>					
<b>Other fee (please specify):</b> Extension for response within first month					<b>120.00</b>
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					<b>120.00</b>

 Large Entity

 Small Entity

 No additional fee is required for this amendment.

 Please charge Deposit Account No. 04-1105 in the amount of \$ 120.00.  
A duplicate copy of this sheet is enclosed.

 A check in the amount of \$ \_\_\_\_\_ to cover the filing fee is enclosed.

 Payment by credit card. Form PTO-2038 is attached.

 The Director is hereby authorized to charge and credit Deposit Account No. 04-1105 as described below. A duplicate copy of this sheet is enclosed.

 Credit any overpayment.

 Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.



Dated: April 7, 2006

David A. Tucker  
Attorney/Agent Reg. No.: 27,840

EDWARDS ANGELL PALMER & DODGE LLP  
P.O. Box 55874  
Boston, Massachusetts 02205  
(617) 517-5508

Under the Paperwork Reduction Act of 1995, no person are required to respond to a collection of information unless it displays a valid OMB control number.



Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL

## For FY 2006

<b>Complete if Known</b>				
Application Number	10/600,850-Conf. #6007			
Filing Date	June 20, 2003			
First Named Inventor	Ayumu Oda, et al.			
Examiner Name	Pham, Hai Chi			
Art Unit	2861			
TOTAL AMOUNT OF PAYMENT	(\$)	120.00	Attorney Docket No.	59408 (49321)

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/>	Check	<input type="checkbox"/>	Credit Card	<input type="checkbox"/>	Money Order	<input type="checkbox"/>	None	<input type="checkbox"/>	Other (please identify): _____
<input checked="" type="checkbox"/>	Deposit Account	Deposit Account Number:	04-1105	Deposit Account Name:	Edwards Angell Palmer & Dodge LLP				

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

**FEE CALCULATION** (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

<u>Application Type</u>	<u>FILING FEES</u>		<u>SEARCH FEES</u>		<u>EXAMINATION FEES</u>		<u>Fees Paid (\$)</u>
	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	<u>Fee (\$)</u>	<u>Small Entity</u>	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

**2. EXCESS CLAIM FEES**Fee Description

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

<u>Total Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
19	- 20 =	x	=		

HP = highest number of total claims paid for, if greater than 20.

<u>Indep. Claims</u>	<u>Extra Claims</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	<u>Multiple Dependent Claims</u>	
				<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
3	- 3 =	x	=		

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>
	- 100 =	/50 (round up to a whole number) x	=	

Fee Paid (\$)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 1251 Extension for response within first month 120.00

<b>SUBMITTED BY</b>	
Signature	<i>David A. Tucker</i>
Name (Print/Type)	David A. Tucker

Registration No. 27,840      Telephone (617) 517-5508

(Attorney/Agent)      Date April 7, 2006

04-10-06

IFW/S



Application No. (if known): 10/600,850

Attorney Docket No.: 59408 (49321)

## Certificate of Express Mailing Under 37 CFR 1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail, Airbill No. **EV 754870446 US** in an envelope addressed to:

MS Amendment  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

on April 7, 2006  
Date

Kathryn A. Grindrod

Signature

Kathryn A. Grindrod

Typed or printed name of person signing Certificate

Registration Number, if applicable

617-517-5534

Telephone Number

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Fee Transmittal (2 pages)  
One Month Request for Extension of Time Under 37 CFR 1.136(a) (2 pages)  
Amendment Transmittal (2 pages)  
Amendment (15 pages)  
Return Receipt Postcard  
Authorization to charge \$120.00 to deposit account 04-1105